

Registration District No. **30-9-311**

Primary Registration District No. **5433**

Registrar's No. **16**

1. PLACE OF DEATH:

(a) County **Gentry**

(b) City or town **Rural**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **3 mi N. West of Stanbery Mo. 1**
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution **83 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Gentry 38**

(c) City or town **"Rural"**
(If outside city or town limits, write "RURAL")

(d) Street No. **3 miles Northwest of Stanbery Mo.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country **✓**

3. (a) PRINT FULL NAME **John Washington Stuart**

3. (b) If veteran, name war **✓** 3. (c) Social Security No. **✓**

4. Sex **Male** 5. Color or race **Wht** 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife **Mary Elizabeth Brooks** 6. (c) Age of husband or wife if alive **✓** years

7. Birth date of deceased: **9 22 1856**
(Month) (Day) (Year)

8. AGE: Years **85** Months **4** Days **18** If less than one day hr. min.

9. Birthplace **Sherron Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business

12. Name **Alexander Stuart**

13. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

14. Maiden name **Rosana Bilmire**

15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **James Stuart**

(b) Address **Stanbery Mo.**

17. (a) **Burial** (b) Date thereof **2-11-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wetherway Cemetery**

18. (a) Signature of funeral director **J. W. Johnson**

(b) Address **Stanbery Mo.**

19. (a) **2-11-1942** (b) **Abma M. DeBate**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **10** 19**42** hour **11:05** minute **P** M.

21. I hereby certify that I attended the deceased from **2-8-42** to **2-10-42** that I last saw him alive on **2-10-42** and that death occurred on the date and hour stated above.

Immediate cause of death **Central embolism**

Due to **Chr. Endocarditis**

Other conditions (include pregnancy within 3 months of death) **92b**

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **✓**

(b) Date of occurrence

(c) Where did injury occur? **home**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **home**

While at work? **20** (Specify type of place) (c) Means of injury **✓**

23. Signature **B. E. Simpson** (M. D. or other) **0**

Address **Stanbery Mo** Date signed **2-13-42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

38
0
J

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

J. Evan Johnson

Registered Apprentice No.....

Signed.....

J. Evan Johnson

Licensed Embalmer No.....

3492

P. O. Address.....

Stanberry Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.